

S. No. 2  
M-542  
v. 5-1-1935  
32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28090

State File No.

Registrar's No.

Registration District No. 93

Primary Registration District No. 5341

86

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural South Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 2 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison <sup>29</sup>

(c) City or town Rural South Twp <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME Narcissa A. Widner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

(b) Name of husband or wife John Widner 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dec 29 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 5 28 hr. min.

9. Birthplace Caldwell Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name James Bayan

13. Birthplace Uniontown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Lillian McCaskey

15. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rice Nancy

(b) Address So Greenfield Mo

17. (a) Burial (b) Date thereof June 28 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch cemetery

18. (a) Signature of funeral director Ignat Kavac

(b) Address So Greenfield Mo

19. (a) Aug-43 (b) Phyllis Lack  
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1943 hour 1 minute 25 AM.

21. I hereby certify that I attended the deceased from Apr 7 1943 to June 27 1943  
that I last saw her alive on June 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken R. Hip

Due to Fall on floor

Due to Gangrene

Other conditions 1 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0.29

(b) Date of occurrence Apr 7 - 1943

(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature H. P. Riley (M. D.)

Address Greenfield Mo Date signed 6-27-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1082

(Licensed Embalmer's Statement on Reverse Side)

43

EMBALMED

District Health Officer No. 6,

District File Number 843-937

~~District File Number~~

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed R. L. Hamschild

Licensed Embalmer No. 3234

P. O. Address Lockwood Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.